

# EXHIBIT E



## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

MWK RECRUITING LLC  
Filing Number: 801654759

Certificate of Formation  
Public Information Report (PIR)  
Certificate of Conversion

September 13, 2012  
December 31, 2016  
March 12, 2018

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 25, 2018.



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State

05-102  
(Rev. 9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

■ Ycode 13196 Franchise

■ Taxpayer number

■ Report year

4 6 1 0 3 4 2 3 3

2 0 1 6

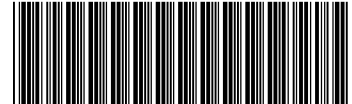
You have certain rights under Chapter 552 and 559,  
Government Code, to review, request and correct information  
we have on file about you. Contact us at 1-800-252-1381.

Taxpayer name <b>MWK RECRUITING LLC</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>2406 Harris Blvd</b>		Secretary of State (SOS) file number or Comptroller file number <b>0080164759</b>	
City <b>Austin</b>	State <b>TX</b>	ZIP code plus 4 <b>78703</b>	

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>2406 HARRIS BLVD, AUSTIN, TX, 78703</b>
Principal place of business <b>824 W 10TH STREET SUITE 202, AUSTIN, TX, 78701</b>

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000015

*Please sign below!***This report must be signed to satisfy franchise tax requirements.****SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name <b>MICHELLE KINNEY</b>	Title <b>OWNER</b>	Director <input type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address <b>2406 HARRIS BLVD</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78703</b>
Name <b>ROBERT KINNEY</b>	Title <b>CEO</b>	Director <input type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address <b>2406 HARRIS BLVD</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78703</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mailing address	City	State	ZIP Code

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution <b>KINNEY RECRUITING LLC</b>	State of formation <b>TX</b>	Texas SOS file number, if any <b>0801654764</b>	Percentage of ownership <b>100.000</b>
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution <b>KINNEY OVERSEAS LLC</b>	State of formation <b>TX</b>	Texas SOS file number, if any <b>0801654766</b>	Percentage of ownership <b>100.000</b>

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

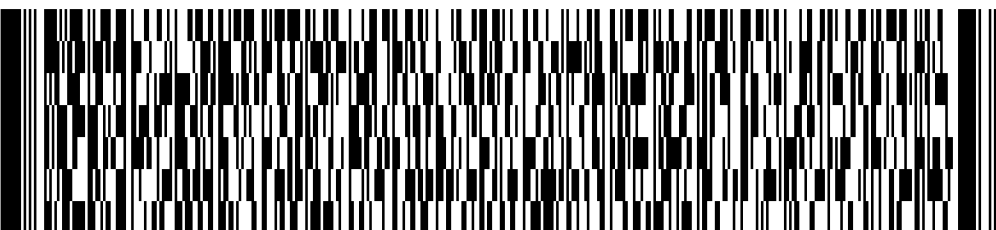
Name of owned (parent) corporation, LLC, LP, PA or financial institution <b>NONE</b>	State of formation	Texas SOS file number, if any	Percentage of ownership
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Registered agent and registered office currently on file (see instructions if you need to make changes)		You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.	
Agent: <b>MICHELLE KINNEY</b>			
Office: <b>2406 HARRIS BLVD</b>	City <b>AUSTIN</b>	State <b>TX</b>	ZIP Code <b>78703</b>

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

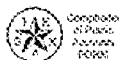
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here <b>ROBERT KINNEY</b>	Title <b>PRESIDENT</b>	Date <b>05/11/2016</b>	Area code and phone number <b>( 512 ) 636 - 1395</b>
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**Texas Comptroller Official Use Only**

VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
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Name	Title	Director <input type="checkbox"/> YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						
Name	Title	Director <input type="checkbox"/> YES	Term expiration	m	m	d	d	y	y
Mailing address	City	State	ZIP Code						

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution <b>COUNSEL UNLIMITED LLC</b>	State of formation <b>TX</b>	Texas SOS file number, if any <b>0801654770</b>	Percentage of ownership <b>100.000</b>
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

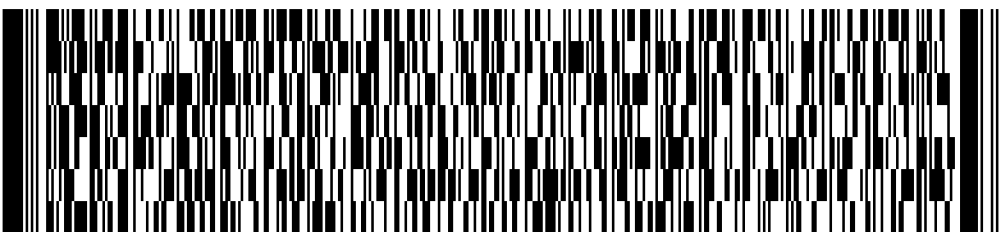
Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
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